Contemporary Themes

Children with special needs: the Warnock Report

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British Medical Journal, 1979, **1**, 667-668

It was encouraging to see a leading article in the *BMJ* on the report of the Committee of Inquiry into the education of the handicapped.[1] It could be taken as a sign of future co-operation between all those professionally concerned with children with special needs. Certainly the report had much to say to doctors, as well as to teachers, social workers, and the nursing profession. Moreover, the general assumptions that were present in all the deliberations of the committee may be usefully considered by all the professions equally.

Making the report work

The first assumption was concerned with the point of any such report. It is too often argued that governments set up committees to keep people quiet, and then carefully place their reports in the stack room of the library, there to be forgotten. So how can a report be made to work? How detailed should it be? How much devoted to long-term progress, and how much to short-term and immediate change? How much inhibited should a committee feel itself by the financial climate of the time? Obviously a balance has to be struck. Ours was the first committee ever to be charged with so wide an inquiry—namely, that of examining the educational needs of all children and young people "handicapped by disabilities of body and mind," whatever that quaint phrase means—and the width of the inquiry entailed having to try to establish a general conceptual framework within which provision should be made for the forseeable future.

On the other hand, both the falling school rolls and the precipitate passing by Parliament of Section 10 of the Education Act 1977 meant that there were immediate and urgent opportunities to be seized. Finance is never more likely to be available than now, provided that government does not hope to save educational resources because there are fewer children, but rather to redeploy them. Again, if Section 10 of the Act is to be implemented, and local education authorities are to have the duty to educate all children in ordinary schools unless good cause can be shown for not doing so, there is the most urgent possible need for increased and different training of teachers, and for local authorities themselves to review their provision for handicapped children and to look at their duties with a new and practical eye. Thus, on training teachers we were quite definite. We costed what was needed, and we argued that funding for such a programme as we envisaged would have to come from ear-marked grants from central government. Moreover, we urged local authorities to start immediately, without waiting either for legislation or a government reaction to the report, to set up their own advisory and support service, and to review all their current and projected provision. This has, in many places, already begun.

But we assumed that the point of the report of such a committee as ours was not only to bring about immediate action, but also to reflect and to change public attitudes. The effect on attitudes comes about through the actual publication of the report, the immense amount of thought that goes into the preparation of evidence, and the posthumous discussion before any White Paper appears. So it is extraordinarily important to get these attitudes right—and by that I mean to get them hopeful and forward-looking. Almost the most important consequence of the work of the committee might be that research into the educational needs of handicapped children, and the dissemination of the results of that research, might begin to have a far higher priority; and it was for this reason that we recommended establishing new posts in universities, as well as a much greater and more systematic use of the researches of teachers themselves at work in the field.

Identifying those in need of special provision

The second general assumption, and one that we tried to make explicit in the report, was about the identity of those who need special educational provision. Who was the report about? We conceived education as having, very broadly, the same aims for everyone who is receiving it—aims specifically connected with improving the quality, usefulness, and independence of the life of the child when he becomes a man. Educationally, all children are on the same road. But for some the road is fairly smooth, for others it is beset by the most daunting and terrible obstacles, so that progress may look minimal, and will in any case be slow. Special education, in our view, is the provision that children need if they are to begin to overcome the obstacles to learning. It is that *extra* help and support which a school will have to take special steps to provide, or which indeed must be provided from outside the school itself.

Obviously such a definition of special education is not precise. But it was not intended to be. For we thought of children as having a continuum of needs, and thus of their education as forming, roughly, a continuum of provision designed to meet those needs. Some special educational needs may be permanent, some may be quite temporary (for instance, when a child who is recovering from a road accident may both require that for a time all his lessons are on the ground floor and that he has specially prepared lessons to enable him to catch up what he has missed). But, wherever there is a special need, there should be special educational provision, and the difference between ordinary and special education is not *where* it takes place, but *what* is provided.

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Looked at in this way, it was clear to us that special education had a far wider scope than had ever been thought before; and we concluded that roughly 20% of all children might at some time in their school life need special educational provision. Most of these children would certainly be in ordinary schools, as indeed they already are; but it became of the utmost importance that the ordinary schools should recognise the children, and should seek help and skill in meeting their needs. Here was one of the essential areas, we discovered, where nothing could be achieved without co-operation and mutual trust between the different professions, medical, educational, and social.

Education in its widest sense

It is easy to talk about such co-operation, but extraordinarily difficult to ensure that it comes about. The more self-respect a particular profession has the more difficult it is for the professionals to respect each other, or fully to understand the contribution that the other can make. In this connection it is worth noticing the following point: teachers will never be respected or trusted by either doctors or social workers so long as they are thought to be interested only in education in the narrow sense of teaching children to read, write, and calculate. Of course, teachers are interested in this, and rightly so. But it was the very general benefits that a child gains through education and only through education that we wanted to emphasise in the report. And this was totally in line with our concept of educational aims, as concerned with the whole future life of the child.

To progress even the smallest step towards these goals, a child with a handicap (sensory, physical, intellectual, or emotional) may have to be specifically taught things that a child without such disadvantages will pick up for himself. So a very young handicapped child needs to be specifically taught to use his muscles, to notice things in his world, and above all to communicate, linguistically and non-linguistically—and if he is not taught, he may never learn. So what he must essentially have is *education*, from the moment his handicap is discovered. The rate, after all, at which a normal child learns to use and understand his own language before he is 3 is phenomenal. If a handicapped child is not taught in those years a little bit of what his normal brother just learns without teaching, then the opportunity is lost. It is of the utmost importance that, now that all children are legally entitled to education, it should be recognised that, to be any use, education must start young for those with special needs.

In other fields as well, particularly among those children who have emotional and behavioural obstacles in their educational path, it is essential that the general and overall value of education, interpreted in our wide sense, should be recognised. But I must also add that education in its narrowest possible sense is also of the greatest importance here. The committee, in taking oral evidence, talked to several young people who had been at special schools for the maladjusted. Without exception they were grateful to their schools, on the grounds that the schools accepted them, despite their bizarre, aggressive, or otherwise outrageous behaviour. And we, as well as they, recognise that probably when they first went to the schools, they could not have accepted much, if any, formal teaching. Nevertheless, they all said that they deeply regretted not having had more ordinary education at school, and not having had anyone who even expected them to get on, in the perfectly ordinary educational sense. At one end of the ability range, we talked to a young man who had left his school not yet able to read, though he had learned since leaving, through the adult literacy scheme. At the other end, we spoke to one who had not been given a chance to enter for any public examination at all, though, since leaving, he had successfully taken first O levels and then A levels at a college of further education. For both these young people education in the most limited and academic sense would have been enormously beneficial. Education is also therapy.

Professional respect and co-operation

What is needed, then, is mutual respect, and an awareness of what benefits the other professionals can bring to a particular child. So in training teachers we must aim at a broad understanding of what the medical and social problems of a child who is failing at school may be and a readiness to call on the other professionals, through a school assessment scheme, to try to find out what exactly are the needs of this particular child and how they can be met. In training doctors, it is necessary that, right from the beginning, they should be brought to consider that a physical, psychological, or sensory disability will inevitably have educational consequences, and that these may be of the very greatest importance for the future life of the child. As soon as a handicap is identified the local education service must be brought in to the discussion of the child's future. Only so can parents, for their part, have any confidence in a unified and coherent body of advisers and helpers, all working towards a single end, the improvement of the prospects of their child.

The teaching profession itself has, of course, a great deal to do. The training it provides for students must be less philosophical and theoretical, more concerned with identifying needs, adapting the curriculum, coherent and conscientious keeping of records, and communication with parents. Only so will teachers become fit partners in the interdisciplinary teams that must assess the needs and specify the provision for handicapped children. Local authorities too must be required to organise their advisory service and their supply of peripatetic teachers so that they know where the areas of greatest need are and can supply the support that is demanded. The educationalists cannot pass the buck very far, nor do they want to.

But, as a committee, we worked together for nearly four years, and our membership was drawn from all the relevant professions. From time to time we became exasperated with one another, amazed at what seemed like irrational arrogance. But in the end we came up with a unanimous report. I now ask, would we have worked so well together if we had not learned to respect each other the hard and slow way? Would we have worked so well in the field, in the heat of battle, or in the moment of potential crisis. On whether the answer is yes or no depends on the efficacy of the report. Only by making a tremendous effort to build up, not just casual friendly relations, but a *structure* of co-operation, can the future of children with special needs be improved. Even research will be ineffective without this.

Reference

[1] *British Medical Journal*, 1978, **2**, 1245.

(*Accepted 19 December 1978*)

WORDS FLUORINE, FLUOR-, FLUO-, FLU-, FLUX, FLUORESCE

Fluorine is the most highly reactive of the halogens. The inclusion of its atom in the molecules of many synthetic organic substances that are used as drugs (notably steroid hormones and diuretics) increases the pharmacological activity. The affixes fluor, fluo, and flu are encountered with increasing frequency in drug treatment. The term begins with fluor-spar. Spar is a general term for any bright, crystalline mineral. Fluor-spar, calcium fluoride, was prefixed "fluor" because of its fusibility (MP 1330°) and its use as flux in soldering and brazing; L *fluo*, pp *fluxus*, to flow.[1] Fluorine was so named by Ampère (1810) in anticipation of its isolation. Because fluor-spar emits a blue or green light when illuminated by ultraviolet light, this optical phenomenon, which occurs with many other substances, is known as fluorescence. Finally, we have the archaic medical terms FLUOR ALBUS, later graecised to leuco/rrhoea, and FLUX, meaning a fluid discharge from a wound (serum, blood, or pus) or from the bowel.

[1] WORDS, 16 September 1978, p 807.